Marine Employees' Co	ommission					
1. Group Name			2. Na	ame group reported	d under in 199	9 or Unchanged ⊠
Same			1983		3	20
3. Agency to which group re	eports	4.	Year was group established	5. Numb member		6. Number of meetings last biennium
7. Summary: Primary Resp	onsibilities:					
	t of the opera nd investigati ts fact-finding	tion of the Was on of charges and provides	shington State Fe of unfair labor pra a biennial salary	erry system. It prov actices. It determin survey. Upon noti	vides for impa nes and certifi fication, it det	ermines whether all
8. Estimated Operating Costs	Direct Costs	Indirect Cost	ts Total Costs	Sources of Enter fund sources, e.g., appropriated or N if non	G.F. State/A if	Program Appropriation
1999-2001 Biennium Group Program	332,000		332,000	Puget Sound Operations A State		
2001-2003 Biennium Group Program	332,000		332,000	Puget Sound Operations A State		
<ul><li>9. Expected consequences transferred to another a</li><li>a) Not possible.</li></ul>		y), or c) were d b) Transfe or muc to uniq These		I risk a lack of consiveness conment.	:) Labor dis	sputes would disrupt the n of the Washington
10. Legal authorization: St	ate Constituti	on Article, RCV	V, WAC or EO	11. Legal A	Authorization is	s:
Chapter 47.64 RCW				⊠ Spe	cific 🗌 Gene	ral
12. Appointing Authority:	Governor			13. Is Senate c	onfirmation re	quired? 🛛 Yes 🔲 No
14. Does group have subpo	•	⊠ Yes □ No	15. Group men	nber compensation	n class 🗌 one	two 🗌 three 🔀 four
16. Required Representatio One member appointe knowledge of maritime	d from labor.	One member a	appointed from in	dustry. One meml	ber from publi	ic who has significant
17. Federal or other manda	ates:			r existing organiza fy the mandates lis		cal or private, which could
INOTIC			N/A			
19. Certification: I hereby of	ertify via elect	ronic submittal	that the above info	ormation is comple	te and correct	to the best of my
knowledge. Kathy J. Marshall, Adminis	strator Ma	y 29, 2001	Suite 104, Evero	green Plaza Bldg,	PO Box 4	0902 360-586-6354
Name and Title	Da	te	Address	JU4-0302		Phone

Marysville Community	y Citizens Vi	olation Board						
1. Group Name			2. Nan	ne group reported under in 199	9 or Unchanged ⊠			
Department of Corrections	3		1996	4	30			
3. Agency to which group r	eports		4. Year was group 5. Number of 6. Number of n established members last bienniu					
7. Summary: Primary Resp	onsibilities:							
This group meets twice negotiate a stipulated a			enders who a	re in violation of their sentenc	e conditions and they			
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation			
1999-2001 Biennium Group Program	-0-		-0-					
2001-2003 Biennium Group Program	-0-		-0-	-0-				
15. Expected consequenc transferred to another ag				a) were assigned to existing/ad	ditional staff, b) were			
a) No similar resources	s available.	<b>b)</b> No similar re	esources avai	,	e contact and th the community.			
10. Legal authorization: S	tate Constitutio	n Article, RCW, WA	C or EO	11. Legal Authorization i	s:			
RCW 72.09.050 (Sec	retary's Author	ity)		☐ Specific ⊠ Gene	ral			
12. Appointing Authority:	Secretary, Dep	artment of Correct	tions	13. Is Senate confirmation re	equired? 🗌 Yes 🗵 No			
14. Does group have subpo	ena powers?	☐ Yes ⊠ No 15	5. Group memb	per compensation class 🛭 one	two 🗌 three 🗌 four			
16. Required Representation	n:							
Geographic, city/town	government, p	rivate citizens and	community le	aders.				
17. Federal or other mand	ates:			existing organizations state, lo	-			
None.	None. satisfy the mandates listed in number 17:  None.							
19. Certification: I hereby of knowledge.	certify via electro	onic submittal that t	the above infor	mation is complete and correct	to the best of my			
Patria Robinson-Martin, D Relations and Constituent		nment July 6	, 2001	Post Office Box 41101, Olym Washington 98504-1101	ppia, (360) 753-0896			
Name and Title		Date		Address	Phone			

Massage, Board of	sage, Board of Massage Board					
1. Group Name			2. Nam	ne group reported under in 199	9 or Unchanged 🗌	
Department of Health			1975	5	8	
3. Agency to which group r	eports		ar was group ablished	5. Number of members	6. Number of meetings last biennium	
7. Summary: Primary Resp	onsibilities:					
eligibility to take the lice	nsing examina	ation; determine w	hich states hav	aduation will be accepted as possession will be accepted as po	on licensing requirments	
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation	
1999-2001 Biennium Group	35,208	7,042	42,250	Health Prof Acct Fees		
Program	593,365	121,815	715,180	Health Prof Acct Fees		
2001-2003 Biennium Group	35,208	7,042	42,250	Health Prof Acct Fees		
Program	593,365	121,815	715,180	Health Prof Acct Fees		
16. Expected consequenc transferred to another ag	' es if group wer jency (specify),	e abolished and re or c) were droppe	esponsibilities: a d.	n) were assigned to existing/ad	lditional staff, b) were	
a) No professional exp	ertise	b) No profess	ional expertise	c) No prote	ection of the public	
10. Legal authorization: S	tate Constitutio	n Article, RCW, W	AC or EO	11. Legal Authorization i	s:	
Chapter 18.108 RCV	V			⊠ Specific ☐ Gene	ral	
12. Appointing Authority: (	Governor			13. Is Senate confirmation re	equired? 🗌 Yes 🗵 No	
14. Does group have subpo	oena powers? [	☐ Yes ⊠ No 1	l5. Group memb	er compensation class 🛚 one	e  two  three  four  five	
16. Required Representation	n:					
Four licensed massage	e practitioners,	one public memb	oer			
17. Federal or other mand	ates:			existing organizations state, lo		
None			None	the manuales listed in number	1 17.	
			None			
19. Certification: I hereby of knowledge.	certify via electr	onic submittal that	the above infor	mation is complete and correct	to the best of my	
Kirby Putscher, Program I	Manager	6/20/01	1112 SE Quir	nce St., Olympia, WA 98504-	7867 360-236-4868	
Name and Title	<del>-</del>	Date	Address		Phone	

McNeil Island Corrections Center Community Advisory Council				McNeil Island Corrections Center Community Advisory Committee			
1. Group Name			2. Na	2. Name group reported under in 1999 or Unchanged			
Department of Corrections	S		1996	14	8		
			r was group blished	5. Number of members	6. Number of meetings last biennium		
7. Summary: Primary Resp	onsibilities:						
The mission of McNeil Is citizens through commu			unity Adviso	ry Council is to create healthy fa	amilies and productive		
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds  Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation		
1999-2001 Biennium Group Program	-0-	-0-	-0-				
2001-2003 Biennium Group Program	-0-	-0-	-0-				
17. Expected consequence transferred to another ag	es if group were ency (specify),	e abolished and res or c) were dropped	sponsibilities J.	: a) were assigned to existing/add	ditional staff, b) were		
a) No similar resources			esources ava	,	ose contact and hose community.		
10. Legal authorization: St	ate Constitutio	n Article, RCW, WA	C or EO	11. Legal Authorization is	s:		
RCW 72.09.050 (Sec	retary's Author	ity)		☐ Specific ⊠ Gener	ral		
12. Appointing Authority: S	Secretary, Depa	artment of Correct	tions	13. Is Senate confirmation re	quired? 🗌 Yes 🔀 No		
14. Does group have subpo	ena powers? 🗌	] Yes ⊠ No 1	5. Group men	nber compensation class $oxtimes$ one	☐ two ☐ three ☐ four		
16. Required Representation	n:						
Geographic, city/town	government, pı	rivate citizens and	community	leaders.			
17. Federal or other mand	ates:			r existing organizations state, loo fy the mandates listed in number			
None.			None	e.			
19. Certification: I hereby of knowledge.	certify via electro	onic submittal that	the above info	ormation is complete and correct	to the best of my		
Patria Robinson-Martin, D Relations and Constituent		iment July	6, 2001	Post Office Box 41101, Olymp Washington 98504-1101	ia, (360) 753-0896		
Name and Title		Date	9	Address	Phone		

Medal of Merit Commi	ittee, State					
1. Group Name			2. Nan	ne group reported un	der in 1999	or Unchanged 🛚
Governor			1986	5		2
3. Agency to which group r	eports		r was group blished	5. Number of members	f	6. Number of meetings last biennium
7. Summary: Primary Resp	onsibilities:					
Solicit, review, and nom House and the Presider State Medal of Merit, the chapter creating the me	nt of the Senate to e protocal governi	make presnetang the decorati	ation of the aw ion and the ap	ard. Adopt rules es purtenances necess	tablishing ary for the	qualifications for the
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Fundamental Enter fund sources, e.g., G.F. S appropriated or N if non appropri	tate/A if	Program Appropriation
1999-2001 Biennium Group Program	\$100		\$100	GF - State		(A)
2001-2003 Biennium Group Program	\$100		\$100	GF - State		(A)
<ul> <li>18. Expected consequences if group were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.</li> <li>a) Nomination process would lose stature of involvment of the top officials in all three branches of state government.</li> <li>b) Coordination of the committee could be assigned to any one of the three branches of government.</li> <li>c) If the Committee were disbanded and the Governor's office selected recipients, the consequences would be the same as in (a).</li> <li>10. Legal authorization: State Constitution Article, RCW, WAC or EO</li> <li>11. Legal Authorization is:</li> </ul>						
CH 1.40 RCW				⊠ Specific		
12. Appointing Authority: S	Specified in Statute	9		13. Is Senate confir	mation req	uired? 🗌 Yes 🗵 No
14. Does group have subpo	oena powers? 🗌 Y	es ⊠ No 15	5. Group memb	er compensation cla	ss 🗌 one   [	☐ two ☐ three ☐ four ☐ five
16. Required Representation Governor, President of Secretary of State		ker of the Hou	se of Represe	entatives, Chief Justi	ce of the S	upreme Court, and
17. Federal or other mand None	ates:			existing organizations the mandates listed		al or private, which could 17:
19. Certification: I hereby of knowledge.	certify via electronic	submittal that t	the above infor	mation is complete an	nd correct to	the best of my
Patrick J. McDonald, Asst	. to the Secretary	July 2, 2001	P.O.	Box 40220, Olympia	, WA 9850	04 (360) 902-4148
Name and Title		Date	Addre		-	Phone

Medal of Valor Commi	ittee, State					
1. Group Name			2. Nam	e group reported under i	n 1999 or Und	changed 🗵
Governor			1986	5		2
3. Agency to which group re	eports	4. Year was group 5. Number of 6. Number of meetings established members last biennium				
7. Summary: Primary Resp	onsibilities:					
Solicit, review, and nom House and the Presider State Medal of Valor, th chapter creating the me	nt of the Senate to e protocal governi	make presneta ng the decorati	ation of the aw ion and the ap	ard. Adopt rules establi purtenances necessary	shing qualific	cations for the
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	_	ram Appropriation
1999-2001 Biennium Group Program	\$8000		8000	GF - State	(A)	
2001-2003 Biennium Group Program	8000		8000	GF - State	(A)	
19. Expected consequence transferred to another ag				) were assigned to existing	ng/additional	staff, b) were
a) Nomination process stature of involvmen officials in all three bestate government.	t of the top	be assigned	n of the commi I to any one of government.	the three and selection	e Committee the Governe ected recipie sequences v ne as in (a).	nts, the
10. Legal authorization: St	ate Constitution A	rticle, RCW, WA	C or EO	11. Legal Authoriza	tion is:	
CH 1.40 RCW				⊠ Specific □	General	
12. Appointing Authority: S	Specified in Statut	е		13. Is Senate confirmati	ion required?	☐ Yes ⊠ No
14. Does group have subpo	ena powers? 🗌 Y	es ⊠ No 15	5. Group memb	er compensation class	one 🗌 two	=
16. Required Representatio	n:					
Governor, President of Secretary of State	the Senate, Spea	aker of the Hou	se of Represe	ntatives, Chief Justice o	f the Suprem	ne Court, and
17. Federal or other manda None	ates:			xisting organizations sta the mandates listed in nu		ivate, which could
19. Certification: I hereby of knowledge.	ertify via electronic	submittal that t	the above inforr	nation is complete and co	rrect to the b	est of my
Patrick J. McDonald, Asst	to the Secretary	July 2, 2001	P.O. E	Box 40220, Olympia, W	A 98504	(360) 902-4148
Name and Title		Date	Addre	ss		Phone

Medical Advisory Committee Medical Advisory Board					
1. Group Name			2. Nam	ne group reported under in 199	9 or Unchanged □
Department of Health			1998	11	2
3. Agency to which group re	eports		ear was group stablished	5. Number of members	6. Number of meetings last biennium
7. Summary: Primary Resp	onsibilities:				
To provide medical adviquality assurance.	osry & guidand	ce to the breast	& cervical health	program, and as an integral	part of comprehensive
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation
1999-2001 Biennium Group Program	2,200	390	2,590	CDC federal grant	
2001-2003 Biennium Group Program	3,200	560	3,760	CDC federal grant	
20. Expected consequence transferred to another ag		or c) were dropp	oed.	) were assigned to existing/ad	lditional staff, b) were
a) no appropriate staff	at this time	b) could go t	to another medic	al body <b>c)</b> federally policy	mandated by program
10. Legal authorization: St	ate Constitution	n Article, RCW, V	WAC or EO	11. Legal Authorization i	s:
CDC program policy r	mandate			☐ Specific ⊠ Gene	ral
12. Appointing Authority: [	Department of I	Health		13. Is Senate confirmation re	equired? 🗌 Yes 🔀 No
14. Does group have subpo	ena powers?	] Yes ☐ No	15. Group memb	er compensation class 🛚 one	e 🗌 two 🔲 three 🔲 four
16. Required Representatio	n:				
17. Federal or other mand	ates:			existing organizations state, lo	-
Review of appropriate diagnostic services. I			Unkno	the mandates listed in numbe	r 17:
19. Certification: I hereby of knowledge.	ertify via electro	onic submittal the	at the above infori	mation is complete and correct	to the best of my
Pama Joyner	June 2	:1, 2001 F	PO Box 47859, C	Olympia WA 98504-7859	360-236-3589
Name and Title	Date	4	Address		Phone

Medical Association, I	Medical Advi	isory Industria	al			
1. Group Name			2 Nan	no group roporte	ad under in 100	9 or Unchanged 🛛
i. Group Name			Z. Nan	ne group reporte	ea unaer in 199	9 of Unichanged 🖂
Department of Labor and I	Industries		1973		9	18
3. Agency to which group re	eports		ar was group ablished	5. Num membe		6. Number of meetings last biennium
and treatment guidelines at the establishment of rules a	S-20-01001, the or nd policies affect and regulations. he roles of the pl	ting medical care a It also advises and hysician, the depar	and rehabilitation of assists the department and the em	of injured and ill vartment in the edu artment in the edu aployer in providir	workers, quality ucation of mements and the needs an	d care of the injured worker.
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources Enter fund sources, e.g appropriated or N if no.	g., G.F. State/A if	Program Appropriation
1999-2001 Biennium Group	\$44,000	\$23,678	\$67,678	609/A	, арргорнаюч	N/A
2001-2003 Biennium Group	\$\$44,000	\$23,678	\$67,678	609/A		N/A
21. Expected consequence transferred to another ag  a) The Medical Advisory Indu Insurance Committee (cor be abolished because:  a) The Department's staff advide of these represents the clinician community in clinical gudelines and edu programs. The committee objective clinical resource department that is political to the Washington State Nosteopathic Medical Asso practicing physicians.	a) The Department's staff relies upon the advide of these representatiaves of the clinician community in establishing cannot be adequately addressed by any other clinical gudelines and educational programs. The committee provides an objective clinical resource to the department that is politically acceptable to the Washington State Medical Associations and to  Workers' Compensation and the provision of quality care to injured workers. These topics and retrospective rating employers (and their representatives); department claim state agency, since treatment of the injured staff, and others. The advantages of worker presents medical, psychosocial, accessing these advisory services far economic, and vocational complexities not inherent in the populations served by other state agency programs.  As a matter of fact, other agencies have been so					
10. Legal authorization: St WAC 296-20-01001	ate Constitution	n Article, RCW, W	AC or EO		Authorization i ecific  Gene	
12. Appointing Authority: V	Washington Sta	ate Medical Asso	ciation		confirmation re	
14. Does group have subpo	ena powers?	ີ Yes ⊠ No	15. Group memb	per compensation	on class 🗵 one	two three four
	e members, one of uld be selected from	m the following specia	alty groups: family of dicine, and industria	or general practice, Il medicine."	orthopaedics, neu	Osteopathic Medical Association. Irology or neurosurgery, general
Federal or other mandates: N/A				ing organization mandates listed		r private, which could
19. Certification: I hereby of knowledge.	ertify via electro	onic submittal tha	t the above infor	mation is compl	ete and correct	to the best of my
Joanne McDaniel Provider Communication Cod	ordinator	6/6/01	Depart of Labor PO Box 44322 Olympia, WA 98	& Industries Hea	ılth Services Ana	alysis 360-902-6817
Name and Title		Date	Address			Phone

Medical Quality Assur	ance Commi	ssion				
1. Group Name			2. Namo	e group reported un	der in 1999	or Unchanged 🛛
Department of Health			1994	19		36
3. Agency to which group re	to which group reports  4. Year was group    established  5. Number of    members    last biennium					6. Number of meetings last biennium
7. Summary: Primary Resp Examines applications f of rules and regulations procedures deemed neo requirements for continu complaints to be investig disciplinary or corrective and unsubstantiated. C	or licensure of profession or derly concessary to carry und licensure. Figated. Review action for unpr	duct of the admini- out the provision Receives complain complaints and in rofessional condu	stration of the law. Its of state law. Its on alleged vestigative infoct. Conducts h	regulatory laws. Ro Administers the co violations of the un ormation to determine arings to determine	eviews and ontinuing nation discine probab ine probab ne if charg	d creates policies and nedical education plinary act. Causes ple cause. Determines pes are substantiated
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Fun Enter fund sources, e.g., G.F. S appropriated or N if non approp	State/A if	Program Appropriation
1999-2001 Biennium Group Program	\$497,708 \$6,784,429	\$291,285 \$1,165,142	\$788,993 \$7,949,570	Health Profession 02G		330 330
2001-2003 Biennium Group Program	\$514,524 \$6,349,585	\$102,905 \$1,269,917	\$617,429 \$7,619,502	Health Profession 02G	n Fund	330 330
22. Expected consequence transferred to another ag				were assigned to e	xisting/add	ditional staff, b) were
creating loss of cred						I against incompetency, sional conduct and
10. Legal authorization: St	ate Constitution	Article, RCW, WA	C or EO	11. Legal Auth	orization is	<b>s:</b>
RCW 18.71.002-003-	and 005			⊠ Specific	: Gener	al
12. Appointing Authority: (	Governor			13. Is Senate confi	rmation re	quired? 🗌 Yes 🔀 No
14. Does group have subpo	ena powers? 🛚	]Yes □ No 15	. Group membe	er compensation cla	ss 🗌 one	☐ two ☐ three ☐ four ☑ five
16. Required Representatio 4 public members, 13 pare at large.		2 physician assist	ants. 9 physici	ans are from congi	ressional c	districts and 3 members
17. Federal or other manda none	ates:			xisting organization the mandates listed		al or private, which could 17:
19. Certification: I hereby of knowledge.	ertify via electro	nic submittal that t	he above inform	nation is complete ar	nd correct t	to the best of my
Maryella Jansen, Acting E	xecutive Directo	or 6/21/01	PO Box 47866	S, Olympia WA 985	504-8766	360-236-4823
Name and Title			Address			Phone

Mental Health Quality	Assurance (	Council				
1. Group Name				2. Nam	e group reported under in 199	9 or Unchanged 🏻
Department of Health				1996	7	3
3. Agency to which group r	eports			was group blished	5. Number of members	6. Number of meetings last biennium
7. Summary: Primary Resp	onsibilities:					
	ental health co	ounselor, m	narriage	and family the	dards of education, experier erapist and social worker. Als apists.	
8. Estimated Operating Costs	Direct Costs	Indirect (	Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation
1999-2001 Biennium Group	5,833	1,196		7,029	Health Professions	
Program	1,652,197	338,700		1,990,897	Account - Fees	
2001-2003 Biennium Group	23,019	4,719		27,738	Health Professions	
Program	1,734,807	355,635		2,090,442	Account - Fees	
23. Expected consequence transferred to another ag	es if group wer ency (specify),	· e abolished or c) were	d and res	ponsibilities: a	) were assigned to existing/ad	Iditional staff, b) were
a) Advisory responsibil	ity only	advi	ses rule	t likely agency -making autho s for professio	rity on agency	increase for out of consultant services.
10. Legal authorization: St	ate Constitutio	n Article, R	CW, WA	C or EO	11. Legal Authorization i	s:
RCW 18.19 and WAC					☐ Specific ⊠ Gene	ral
12. Appointing Authority: S	Secretary, Dep	artment of	Health		13. Is Senate confirmation re	equired? 🗌 Yes 🗵 No
14. Does group have subpo				i. Group memb	er compensation class 🗌 one	e 🗌 two 🗌 three 🔀 four
16. Required Representatio	n:					
One registered counse family therapist, and tv	_		otherapis	st, one certified	d mental health counselor, or	ne certified marriage and
17. Federal or other mand	ates:				xisting organizations state, lo	
RCW 18.130, RCW 2	4.44, RCW 43	.24		none	the manuales listed in numbe	117.
19. Certification: I hereby of knowledge.	certify via electr	onic submi	ttal that t	he above inforr	nation is complete and correct	to the best of my
Shellie Pierce, Program M	lanager 6/	/18/01	PO	Box 47869, OI	ympia WA 98504-7869	(360) 236-4907
Name and Title		ate	Add	ress		Phone

Midwifery Advisory C	ommittee				
1. Group Name			2. <b>N</b> an	ne group reported under in	1999 or Unchanged ⊠
Department of Health			1981	7	5
3. Agency to which group r	eports		r was group ıblished	5. Number of members	6. Number of meetings last biennium
7. Summary: Primary Resp	onsibilities:				
Advise and make recom re-examination and pee		the Secretary on	issues includi	ng but not limited to contir	nuing education, mandatoy
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation
1999-2001 Biennium Group	3,200	640	3,840	02G 330	62606
Program	151,653	30,331	181,984		
2001-2003 Biennium Group	3,200	640	3,840	02G 330	62606
Program	151,653	30,331	181,984		
24. Expected consequenc transferred to another ag				a) were assigned to existing	g/additional staff, b) were
<ul> <li>Additional staff having would need to be his with professionals to done due to loss of</li> </ul>	red or persona accomplish for	l service contracts unctions needed	<b>b)</b>	с)	
10. Legal authorization: St	ate Constitutio	n Article, RCW, WA	AC or EO	11. Legal Authorization	on is:
RCW 18.50.140				⊠ Specific ☐ G	eneral
12. Appointing Authority: S	Secretary of th	e Department of H	lealth	13. Is Senate confirmatio	n required? ☐ Yes ☒ No
14. Does group have subpo				per compensation class 🛚	
16. Required Representation	n:				
One physician who is a midwives and one pub		stetrician, one pra	cticing physici	an, one certified nurse mid	dwife, three licensed
17. Federal or other mand	ates:				e, local or private, which could
None			None	the mandates listed in nun	nber 17:
19. Certification: I hereby of knowledge.	certify via electr	onic submittal that	the above infor	mation is complete and corr	rect to the best of my
Paula R. Meyer, RN, MSN	l	7/2/01		Box 47846, Olympia, WA	
Name and Title		Date	Addre	ess	Phone

Midwives and Birthing Underwriting Associa		oint	Uncha	nged				
1. Group Name			2. Nan	2. Name group reported under in 1999 or Unchanged				
Association members, sul by the Insurance Commis		ht	1993	765	8			
3. Agency to which group r	eports		was group blished	5. Number of members	6. Number of meetings last biennium			
7. Summary: Primary Resp	oonsibilities:							
Funded by assessment affordable liability cover				ved for coverage, provide fa	cility for securing more			
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation			
1999-2001 Biennium Group	N/A	N/A	N/A	N/A	N/A			
Program	N/A	N/A	N/A	N/A	N/A			
2001-2003 Biennium Group	N/A	N/A	N/A	N/A	N/A			
Program	N/A	N/A	N/A	N/A	N/A			
25. Expected consequence transferred to another ag	es if group wergency (specify),	। e abolished and res or c) were dropped	। sponsibilities: a l.	a) were assigned to existing/a	dditional staff, b) were			
a) No existing staff avalable. Minimum additional staff would include WMS, band II, manager, one office assistant, and .25 FTE accountant. Authority would be needed to continue assessments and to contract with outside counsel.  b) No other agency currently has the expertise or staff available to complete these duties.  c) Midwives and birthing centers would be totally dependent on commercial insurers for liability coverages. The high premiums and lack of availability that created the need for the JUA are likely to return.								
10. Legal authorization: S	tate Constitutio	n Article, RCW, WA	C or EO	11. Legal Authorization	is:			
Chapter 48.87 RCW				⊠ Specific ☐ Gen	eral			
<b>12. Appointing Authority:</b> WAC 284-87-050	Insurance Com	ımissioner; RCW <sup>∠</sup>	18.87.040;	13. Is Senate confirmation r	required? 🗌 Yes 🛭 No			
14. Does group have subpo	oena powers? [	☐ Yes ⊠ No 15	5. Group memb	per compensation class 🛛 on	e 🗌 two 🔲 three 🗌 four			
16. Required Representation	on:							
RCW 48.87.040 define Association and Board				50 defines composition of go nmissioner.	verning board. Both			
17. Federal or other mand NONE	ates:		satisfy	existing organizations state, lottle the mandates listed in number				
19. Certification: I hereby knowledge.	certify via electro	onic submittal that t	N/A the above infor	mation is complete and correc	t to the best of my			
Jim Odiorne, Deputy Insu Commissioner, Company		June 5, 200	1 P.O.B	ox 40259, Olympia, WA 985	360-4070420			
Name and Title		Date s responsibility for	Address	smittal of the above informa	Phone ation)			

Minority and Justice Commission			"Uncha	"Unchanged"			
1. Group Name				2. Name group reported under in 1999 or Unchanged			
				-			
Supreme Court			1988	21	9		
3. Agency to which group r	eports		r was group iblished	5. Number of members	6. Number of meetings last biennium		
7. Summary: Primary Resp	onsibilities:						
and equal treatment. E Engage in empirical res Increase cultural aware judges and court persor	xamine all leve earch studies t ness through the nell. Increase itment and wor	els of the state judi to examine whethen the development a tracial and ethnic	icial system to er racial and et nd presentation diversity in the	implementation of recommen ensure judicial awareness of thnic disparities exists in the on of regional cultural diversity ecourt work force through the rams. Publish and distribute	persons of color. criminal justice system. v education programs for edevelopment and		
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation		
1999-2001 Biennium Group Program	\$308,000		\$308,000	PSEA/A			
2001-2003 Biennium Group Program	\$308,000		\$308,000	PSEA/A			
26. Expected consequenc transferred to another ag				a) were assigned to existing/ad	lditional staff, b) were		
a) Violation of Supremorder.	e Court	b)		c)			
10. Legal authorization: St	tate Constitutio	n Article, RCW, WA	AC or EO	11. Legal Authorization i	s:		
Supreme Court Order	r #25700-A			☐ Specific ⊠ Gene	ral		
12. Appointing Authority: (	Chief Justice S	upreme Court		13. Is Senate confirmation re	equired? 🗌 Yes 🗵 No		
14. Does group have subpo	oena powers? [	☐ Yes ⊠ No 1	5. Group memb	per compensation class 🛛 one	e  two three four five		
16. Required Representation	n:						
N/A							
17. Federal or other mandates: N/A  36. Other existing organizations state, local or private, which could satisfy the mandates listed in number 17: N/A							
19. Certification: I hereby of knowledge.	certify via electro	onic submittal that	the above infor	mation is complete and correct	to the best of my		
Janet McLane, Director Judicial Services Division		6/30/01	РО В	ox 41170, Olympia WA 9850	4 360-705-5305		
Name and Title		Data	۸ ما ما به		Dhana		

Minority and Women's Business Enterprises, Advisory Committee on			Uncha	Unchanged				
1. Group Name			2. Nan	2. Name group reported under in 1999 or Unchanged ⊠				
OMWBE			1983	0	None			
			r was group iblished	5. Number of members	6. Number of meetings last biennium			
7. Summary: Primary Resp	oonsibilities:							
To assist the director of out RCW 39.19.	the Office of M	linority and Wome	en's Business	Enterprises with the develop	ment of policies to carry			
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation			
1999-2001 Biennium Group	0	0	0					
Program	0	0	0					
2001-2003 Biennium Group	0	0	0					
Program	0	0	0					
27. Expected consequence transferred to another ag				a) were assigned to existing/a	dditional staff, b) were			
a) b)		comi estal	mittee to a sys blish ad hoc ad	gned into law on May 9, 199 tem where the director of Oldvisory committees to assist CW 39.19.0410).	MWBE is authorized to			
10. Legal authorization: S	tate Constitutio	n Article, RCW, WA	AC or EO	11. Legal Authorization	is:			
RCW 39.19				☐ Specific ☐ Gen	eral			
12. Appointing Authority:	Agency Directo	or		13. Is Senate confirmation i	required? 🗌 Yes 🗵 No			
14. Does group have subpo	oena powers? [	☐ Yes ⊠ No 1	5. Group memb	per compensation class 🗌 or	ne			
16. Required Representation	on:							
None								
17. Federal or other mand	ates:			existing organizations state, le				
None			-	the mandates listed in number	er 17:			
			N/A					
19. Certification: I hereby knowledge.	certify via electr	onic submittal that	the above infor	mation is complete and correc	et to the best of my			
Tammi Hazlitt, Administra	tive Assistant	8/6/01	MS: 4	41160	753-9691			
Name and Title		Date	Addre	ess	Phone			

Minority Initiative Adv	isory Comm	ittee (MIAC)							
1. Group Name			2. Name group reported under in 1999 or Unchanged ⊠						
DSHS/Division of Access Opportunity	and Equal		1989	15	7				
3. Agency to which group re	eports		r was group ablished	5. Number of members	6. Number of meetings last biennium				
7. Summary: Primary Resp	onsibilities:								
The mission of the MIAC	C is to advise D	ashington State.	To identify bar	riers to programs and se	Aforce that is responsive to ervices that confront ethnic ity community to DSHS.				
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation				
1999-2001 Biennium Group Program			\$5000.00	GF-S GF-F	K6611				
2001-2003 Biennium Group Program			\$5000.00	GF-S GF-F	K6611				
28. Expected consequence transferred to another ag	es if group were ency (specify),	e abolished and re or c) were droppe	sponsibilities: a d.	) were assigned to existin	ng/additional staff, b) were				
a) Existing/additional s the expertise of our we are doing in the o	efforts and how		er agency coul for us than ours	selves with	ropped, our communication community agencies/entities resources would be lost.				
10. Legal authorization: St	ate Constitution	n Article, RCW, W	AC or EO	11. Legal Authoriza	tion is:				
				☐ Specific ⊠ 0	General				
12. Appointing Authority: [	OSHS Secretar	у		13. Is Senate confirmati	on required? 🗌 Yes 🗵 No				
14. Does group have subpo	ena powers? 🗌	]Yes ⊠ No   1	5. Group memb	er compensation class $oxtime$	one  two  three  four  five				
16. Required Representatio	n:								
group. Members shou	ld demonstrate	experience and	continuing inte	MIAC members will repre rest in the mission and p and geographic resider	ourpose of the MIAC.				
17. Federal or other manda	ates:				te, local or private, which could				
None			None	the mandates listed in nu	Imber 17:				
19. Certification: I hereby of knowledge.	ertify via electro	onic submittal that	the above infor	mation is complete and co	rrect to the best of my				
Eddie Rodriguez		7/6/01	Mails	op 45012	360-902-7794				
Name and Title		Date	Addre		Phone				

Mint Commission							
1. Group Name			2. Nan	2. Name group reported under in 1999 or Unchanged ⊠			
Department of Agriculture	!	1	966	8	12		
3. Agency to which group r	eports		r was group ablished	5. Number of members	6. Number of meetings last biennium		
7. Summary: Primary Resp	oonsibilities:						
Collects assessments, opurposes.	conducts resea	arch projects, diss	eminates infori	mation to producers, disburse:	s funds for these		
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds  Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation		
1999-2001 Biennium Group	\$50,672 \$262,510	\$9,774 \$2,400	\$60,446 \$264,910	Producer assessments/N			
Program	Ψ202,310	ψ2,400	Ψ204,910				
2001-2003 Biennium Group	\$50,000	\$10,200	\$60,200	Producer assessments/N			
Program	\$270,000	\$2,500	\$272,500				
				a) were assigned to existing/add	ditional staff, b) were		
transferred to another ag		, , , , , ,					
a) Producer support ar involvement would o			agricultural prog be transferred.	would de efforts ar	of research activities cline affecting research at the economic viability dustry in Washington.		
40 1 1 11 1 11 0							
10. Legal authorization: S		n Article, RCW, W	AC or EO	11. Legal Authorization is			
RCW 15.65 and WAC	J 16-540			⊠ Specific ☐ Gener	al		
<b>12. Appointing Authority:</b> by the Director of Agricult		fected producers,	1 appointed	13. Is Senate confirmation red	quired? 🗌 Yes 🛚 No		
14. Does group have subpo	pena powers? [	⊠ Yes ☐ No 1	5. Group memb	per compensation class 🗌 one	⊠ two □ three □ four		
16. Required Representation	on:						
_	er members, b	eing positions 1, 2	, 3 and 4 and s	shall include the counties of Ki	ittitas, Yakima and		
Benton. District II - three produ	icer members.	being positions 5.	6 and 7 and s	hall include all other counties	east of the Cascade		
Mountains.							
		of Agriculture repr		Department and the public			
17. Federal or other mand None	ates:			existing organizations state, loo the mandates listed in number			
19. Certification: I hereby of knowledge.	certify via electr	onic submittal that	the above infor	mation is complete and correct t	to the best of my		
ŭ	vo Diroctor	7/24/04	DO D	ov 2111 Pages WA 00202	(500) 547 5539		
Rod Christensen, Executive	ve Director	7/24/01	PO B	ox 2111, Pasco, WA 99302	(509) 547-5538 Phone		

Board Board	Act Science	Advisory					
1. Group Name		2. Nam	2. Name group reported under in 1999 or Unchanged ⊠				
Department of Ecology		1988	5	3 plus written or phone consultations			
3. Agency to which group r	eports		was group blished	5. Number of members	6. Number of meetings last biennium		
7. Summary: Primary Resp	onsibilities:						
	standards, re	medial actions, de	adlines for rem	nedial actions, monito	nt with respect to the hazard pring the classification of		
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State appropriated or N if non appropriate	e/A if		
1999-2001 Biennium Group Program	Travel Costs Only						
2001-2003 Biennium Group Program	Travel Costs Only						
30. Expected consequenc transferred to another ag				were assigned to exi	sting/additional staff, b) were		
a) We don't have the e	xpertise	b) We would lo	ose access to to	· · · · · · · · · · · · · · · · · · ·	We would lose access to valuable expertise/advice		
10. Legal authorization: St	tate Constitution	n Article, RCW, WA	C or EO	11. Legal Author	ization is:		
RCW 60.105D.030(4)	)			☐ Specific [	General		
12. Appointing Authority: E	Ecology			13. Is Senate confirm	nation required?   Yes   No		
14. Does group have subpo	ena powers?	] Yes ⊠ No 15	5. Group membe	er compensation class	s 🗌 one 🗌 two 🗌 three 🗌 four		
16. Required Representatio	n:						
Five independent mem monitoring classification			the hazard rai	nking system, cleanu	p standards, remedial actions,		
17. Federal or other mand	ates:			xisting organizations :	state, local or private, which could		
none			none	me mandates listed in	number 17:		
19. Certification: I hereby of knowledge.	certify via electro	onic submittal that t	the above inforn	nation is complete and	correct to the best of my		
Dawn Hooper		6/13/01		tment of Ecology	407-7182		
Name and Title		Date	Addres	ss	Phone		

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Monroe Community /	Corrections	Network Board	l				
1. Group Name			2. Name group reported under in 1999 or Unchanged ⊠				
Department of Corrections	3		1983	15	8		
3. Agency to which group r	eports		r was group ablished	5. Number of members	6. Number of meetings last biennium		
7. Summary: Primary Resp	onsibilities:						
				nunity of Monroe and the Monroe ams and policies at the Monroe			
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation		
1999-2001 Biennium Group Program	200.00		200.00	001-General Fund-state			
2001-2003 Biennium Group Program	200.00		200.00	001-General Fund-state			
31. Expected consequence transferred to another ag	es if group were ency (specify),	e abolished and re or c) were dropped	sponsibilities: a	a) were assigned to existing/add	ditional staff, b) were		
a) Termination would rinteraction between community leaders, compromising the mof the group.	DOC and	communica	up strives to ma tions between nity, the purpo	DOC and between	rital comunications link community leaders and Complex.		
10. Legal authorization: St	tate Constitution	n Article, RCW, WA	AC or EO	11. Legal Authorization is	s:		
RCW 72.09.050 (Sec	retary's Author	ity)		☐ Specific ⊠ Gener	al		
12. Appointing Authority: [	Department of	Corrections		13. Is Senate confirmation re	quired? 🗌 Yes 🔀 No		
14. Does group have subpo	ena powers?	] Yes ⊠ No 1	5. Group memb	per compensation class 🛛 one	☐ two ☐ three ☐ four		
16. Required Representatio	n:						
				pe School District; 2 - principal leader (Monroe minister posit			
17. Federal or other mand	ates:			existing organizations state, loc			
None.	None.  Satisfy the mandates listed in number 17:  None.						
19. Certification: I hereby of knowledge.	certify via electro	onic submittal that	the above infor	mation is complete and correct	to the best of my		
Patria Robinson-Martin, D Relations and Constituent		nment July 6	5, 2001	Post Office Box 41101, Olym Washington 98504-1101	pia, (360) 753-0896		
Name and Title	· · · · · · · · · · · · · · · · · · ·	Date	· ·	Addrose	Dhono		

Mortgage Broker Commission				Unchanged			
1. Group Name				2. Name group reported under in 1999 or Unchanged ⊠			
Department of Financial Ir		1993	5	8			
3. Agency to which group r	eports		r was group blished	5. Number of members	6. Number of meetings last biennium		
<ol> <li>7. Summary: Primary Responsibilities:</li> <li>Advises the director on the characteristics and needs of the mortgage brokerage profession.</li> <li>Adopt and meet according to a regular schedule; meet, hear testimony, and advise the director on proposed changes to the Mortgage Broker Practices Act.</li> <li>Advise the director on approval of proposed courses of study and examinations to be administered in the course of licensing mortgage brokers.</li> <li>Advise the director on preparation of the department's legislatively mandated review of the number and type of consumer complaints arising from residential mortgage lending in the state, and any resulting recommendations for changes in the licensing requirements of the Mortgage Broker Practices Act.</li> <li>Advise the director on departmental policy and procedures regarding enforcement actions resulting from violations of the Mortgage Broker Practices Act.</li> </ol>							
8. Estimated Operating Costs	Direct Costs	Indirect Costs	Total Costs	Sources of Funds Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated	Program Appropriation		
1999-2001 Biennium Group Program	\$5,000 \$923,100	\$3,300	\$8,300 \$923,100	Fund 156 Banking examination fund - N			
2001-2003 Biennium Group Program	\$6,000 \$1,047,600	\$3,300	\$9,300 \$1,047,600	Fund 156 Banking examination fund - N			
32. Expected consequences if group were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.  a) Department would continue to b) Department of Licensing: increased meet with industry costs and reduced efficiency.  representatives on an informal basis.							
10. Legal authorization: S	tate Constitutio	n Article, RCW, WA	AC or EO	11. Legal Authorizati	on is:		
RCW 19.146.280				⊠ Specific ☐ G	eneral		
12. Appointing Authority:	Director			13. Is Senate confirmation	n required? 🗌 Yes 🔀 No		
14. Does group have subpo	ena powers? ☐	☐ Yes ⊠ No 1	5. Group membe	er compensation class $oxtime 2$	one 🗌 two 🔲 three 🔲 four		
16. Required Representation	n:						
Three mortgage broke	rs subject to lic	ensing and one e	xempt from lice	ensing under RCW 19.14	6.020 (1) (f).		
17. Federal or other mand None	satisfy the mandates listed in number 17:						
40 Contifications I have been	autificula alastu	onio oubreissal strat	N/A	nation is somethic and are	weet to the best of		
<ol> <li>Certification: I hereby of knowledge.</li> <li>Mark Thomson, Director Consumer Services and A</li> </ol>	·	6/11/01		Box 41200, Olympia WA	•		
Name and Title		Date es responsibility fo	Addres	ss smittal of the above infor	Phone mation)		

Municipal Research Cour	ncil						
1. Group Name			2. Name group reported under in 1999 or Und		99 or Unchanged	changed 🗵	
Same			1969	14		4	
3. Agency to which group repor	ts		was group blished	5. Number of members	6. Number of last bienn		
7. Summary: Primary Responsi	bilities:						
The Council's primary responsibiling Funds are contracted for a biennia qualified to carry on such a prograpublications, field services, workshexpertise in local government.	al period to a state im. The Council nops and confere	e agency, education requires that the cor nces for groups of lo	al institution, or a ntractual program ocal government	a private consulting firm which incorporates an inquiry servic officials, library services, and	in the Council's judge, issuance of resevarious types of pro	dgment is earch ofessional	
8. Estimated Operating Costs	Estimated Operating Costs Direct Costs Indirect		Total Costs	Sources of Funds  Enter fund sources, e.g., G.F. State/A if appropriated or N if non appropriated		Program Appropriation	
1999-2001 Biennium Group Program	\$ 24,102 \$4,084,000	\$ 28,700	\$ 52,802 \$4,084,000	Cities share of Liquor Pro Counties share of Liquor		N/A	
2001-2003 Biennium Group Program	\$ 24,158 \$4,522,076	\$ 28,766	\$ 52,924 \$4,522,076	Cities share of Liquor Pro Counties share of Liquor		N/A	
transferred to another agency (specify), or c) were dropped.  a) The Municipal Research Council has no full time staff. Staffing is provided by the Department of Community, Trade and Economic Development through an interagency agreement.  b) There is not another agency in a position to take on these responsibilities. Additionally, transferring services to another agency would require transferring over 30 years of materials and experience in terms of knowledge and contacts with cities and counties.  10. Legal authorization: State Constitution Article, RCW, WAC or EO  11. Legal Authorization is:  RCW 43.110.010  12. Appointing Authority: Speaker of the House (2); President of the Senate (2); Governor (9) - 6 from Association of Washington Cities and 3 from County Associations; and the Director of Community, Trade & Economic Development.							
14. Does group have subpoena				er compensation class 🛚 or	four five		
16. Required Representation: members of the House with city or town officials from a least one being an official of a town of less than 1,500; the Washington Association of Directors of the Washington	n equal represe list of six nomin of a city of 20,00 three county off County Official	entation from each nees submitted by 00 or more, at leas ficials, one of who ls, and two of who	of the two may the Board of I st one being ar m shall be a no m shall be fror	or political parties; nine Go Directors of the Association official from a city of 1,500 ominee submitted by the Bo on a list of two nominees sub	vernor's appoint of Washington ( ) to 20,000, and pard of Directors omitted by the Bo	ments: six Cities, with at one official of of the pard of	
17. Federal or other mandates:	: None			ng organizations state, local s listed in number 17: N/A		could satisfy	
19. Certification: I hereby of knowledge.	certify via electro	onic submittal that t	he above inforn	nation is complete and correc	et to the best of my	/	
Bill Cole, Staff		7/2/01		x 48350, Olympia, WA 98504-8	3350	360.725.3010	
Name and Title		Date	Addres	SS		Phone	